

07-13-01

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Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	F-278
	First Inventor or Application Identifier	John K. Eckl
	Title	BILLING SYSTEM WITH ELECTRONIC AND PRINTED DISTRIBUTED
	Express Mail Label No.	EK794132917US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages <input]<br="" type="text" value="1"/> <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input]<br="" type="text" value="1"/> 4. Oath or Declaration [Total Pages <input]<br="" type="text" value="1"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other: * NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08/772,293
 Prior application information: Examiner James Myhre Group / Art Unit: 2767

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Pitney Bowes Inc.				
	Michael J. Cummings				
Address	35 Waterview Drive				
City	Shelton	State	CT	Zip Code	06484-8000
Country		Telephone	2039243934	Fax	

Name (Print/Type)	Michael J. Cummings	Registration No. (Attorney/Agent)	46,650
Signature	<i>Michael J. Cummings</i>	Date	7/12/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC985 U.S. PTO
09/903500
07/12/01

Please type a plus sign (+) inside this box → ☒

PTO/SB/05 (2/98)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. F-278

First Inventor or Application Identifier John K. Eckl

Title BILLING SYSTEM WITH ELECTRONIC AND PRINTED
DISTRIBUTED

Express Mail Label No. EK794132917US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets]
4. Oath or Declaration [Total Pages]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 5 below)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 - * Small Entity ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Statement(s) ☐ Status still proper and desired (PTO/SB/09-12)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Other:

* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08/772,293

Prior application information: Examiner James Myhre Group I Art Unit: 2767

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name Pitney Bowes Inc.
Michael J. Cummings

Address 35 Waterview Drive

City Shelton

State CT

Zip Code 06484-8000

Country

Telephone 2039243934

Fax

Name (Print/Type) Michael J. Cummings

Registration No. (Attorney/Agent)

46,650

Signature

Michael J. Cummings

Date

7/12/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Docket Number F-278
Pitney Bowes Inc.
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000
July 12, 2001

ASSISTANT COMMISSIONER FOR PATENTS
BOX PATENT APPLICATION
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of

Inventor: John K. Eckl

For: BILLING SYSTEM WITH ELECTRONIC AND PRINTED DISTRIBUTION

Enclosed are:

Eleven (11) pages comprising the specification, claims, and abstract.

One (1) sheets of drawing.

A Declaration and Power of Attorney.

An Information Disclosure Statement.

A Recordation of Assignment Request and an Assignment of the invention to Pitney Bowes Incorporated, 1 Elmcroft Road, Stamford, Connecticut 06926-0700.


Fees calculated as follows:

Basic Fee							\$ 710.00
Claims Fee	Number Filed		Number Extra		Rate		
Total Claims	11	- 20 =	0	X	\$18.00	=	\$ 0.00
Independent Claims	1	- 3 =	0	X	\$80.00	=	\$ 0.00
Multiple Dependent Claims					\$270.00	=	\$
Total Filing Fee							\$ 710.00

Please charge our Deposit Account Number **16-1885** in the amount of \$ 710.00 for the filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account Number **16-1885**.

A copy of this Transmittal Letter is enclosed for use in charging the Deposit Account.


Michael J. Cummings
Reg. No. 46,650
Attorney of Record
Telephone (203) 924-3934

06903500-071201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Attorney Docket No.: F-278
John K. Eckl) Group Art Unit: N/A
Serial No.: N/A) Examiner: N/A
Filed: Concurrently herewith) Date: July 12, 2001
Title: BILLING SYSTEM WITH ELECTRONIC AND PRINTED DISTRIBUTION

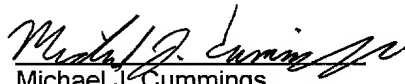
CERTIFICATE OF MAILING BY EXPRESS MAIL

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In accordance with the provisions of 37 CFR 1.10, I hereby certify that the attached Transmittal letter for Continuing application, Application, Drawings, Declaration, Preliminary Amendment, Amendment Transmittal Letter, Declaration of L. Sklar and exhibits, Information Disclosure Statment with attachments was deposited with the U.S. Postal Service for delivery by Express Mail on July 12, 2001. The number of the Express Mail mailing label is EK794132917US.

Respectfully submitted,


Michael J. Cummings
Reg. No. 46,650
Attorney of Record
Telephone (203) 924-3934

PITNEY BOWES INC.
Intellectual Property and
Technology Law Department
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000

09503500-071201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)
John K. Eckl) Attorney Docket No.: F-278
Serial No.: N/A) Group Art Unit: N/A
Filed: Concurrently herewith) Date: July 12, 2001
Title: BILLING SYSTEM WITH ELECTRONIC AND PRINTED DISTRIBUTED

AMENDMENT TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231


Sir:

Transmitted herewith is 1) an amendment and 2) a declaration under 37 C.F.R. § 1.131 in connection with the above-identified application. The fee has been calculated as shown below.

	Claims Remaining After Amendment	-	Highest Number Previously Paid For	=	Number of Extra Claims Present	X	Rate	=	Additional Fee
Total Claims	25	-	20	=	5	X	\$18.00	=	90.00
Independent Claims	5	-	3	=	2	X	\$80.00	=	160.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									250.00

Please charge our Deposit Account Number **16-1885** in the amount of \$ 250.00 for the additional claim fee. A duplicate copy of this sheet is enclosed for use in charging the Deposit Account.

Please charge any additional fees or credit overpayment to Deposit Account Number **16-1885**.


Michael J. Cummings
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PITNEY BOWES INC.
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